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Prevalence of COMT Val158Met polymorphism in Eastern UP population

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Abstract: Catechol-O-methyltransferase (COMT) is an abundant S-adenosylmethionine (SAM-)-dependent methyltransferase that methylates catechol compounds, including catecholamines and catecholestrogens.COMT gene located at chromosome 22q11.2 contains a functional polymorphism at codon 158(Val-158Met), which has been related to psychiatric diseases and different types of cancer. COMT might affect tHcy levels because as a by-product it converts SAM to S-adenosylhomocysteine (SAH), which is reversibly converted to homocysteine. The aim of the present study was to determine the frequency of COMT Val158Met polymorphism in scheduled caste (SC) population of Jaunpur district. Total 100 healthy unrelated subjects belonging to SC, between the age group of 18 to70 years were randomly selected for the present study. 3 ml blood samples were collected from each subject. The inclusion criteria of subjects for present study are that they should be domicile of Uttar Pradesh, and healthy without any individual/ family history of genetic or metabolic disorders. COMT Val158Met polymorphism analysis was done by PCR-RFLP method. The Val/Val genotype was found in 48 subjects, Val/Met in 40 subjects and Met/Met genotype in 12 subjects. Genotype frequencies of Val/Val, Val/Met and Met/Met were 0.48, 0.40 and 0.12 respectively. The allele frequency of Val allele was found to be 0.68 and Met allele frequency was 0.32.

Key words: Catechol-O-methyltransferase; COMT; Val158 Met; Genotype; Allele; Eastern UP.

Introduction

Catechol-O-methyltransferase (COMT) is an intracellular methylation enzyme that catalyzes the first step of the dopamine degradation pathway and inactivates catecholamines, which include dopamine, epinephrine, and norepinephrine. It is accepted widely that COMT plays a crucial role in modulating nerve function and physiology, due to its broad distribution throughout the brain and various peripheral tissues. COMT enzyme occurs in two distinct isoforms: a smaller soluble protein in the cytoplasm (S-COMT; 221 aa) and a longer membrane-bound isoform (MB-COMT 271 aa) (1). The MB-COMT is predominantly expressed in brain neurons, while the S-COMT is predominantly expressed in blood cells and tissues like liver and kidney (1).

The COMT gene is located on chromosome 22q11.1-q11.2 and contains six exons. A single base pair change (G471 A) in exon 4 of the COMT gene, at position 472 in the long mRNA, and 322 in the short mRNA, results in an amino acid change (Val--> Met), at codon 158 of MB-COMT and codon 108 of S-COMT, which decreases the activity level of the COMT enzyme 3 to 4 fold (2,3). In addition to being a functional polymorphism, this SNP also creates a polymorphic NlaIII restriction site in the DNA. The two alleles are referred to as Val or COMT*H, or the NlaIII site-absent (G; Val) allele that encodes the thermostable, high activity enzyme and Met or COMT*L, or the NlaIII site-present (A; Met) allele that encodes the thermolabile, low activity enzyme (3,4,5). Presence of a methionine at position 158 decreases the thermostability of COMT

and reduces the activity of the enzyme to 25% of that of the COMT 158-Val enzyme, which leads to diverse changes in cognitive function and human physiology (6).Both the alleles are co-dominant, individuals having Val/Met genotype have an intermediate level of COMT activity in comparison to homozygous (Val/Val) individuals (3).Very limited data about COMT Val158Met mutation frequency are available from Indian population, and no data are available about Uttar Pradesh population; hence, the aim of the present study is to estimate frequency of COMTVal158Met polymorphism in healthy individuals of Eastern Uttar Pradesh.

CM B Association

Materials and Methods

3 ml blood samples were collected from randomly selected 100 unrelated healthy individuals belonging to scheduled caste (SC) population of Eastern Uttar Pradesh belonging to both the genders (50 males and 50 females). All subjects were between the age group of 18-70 years. All subjects gave their informed written consent and the study was approved by the Institutional Ethics Committee of VBS Purvanchal University, Jaunpur. A questionnaire was used to collect demographic information, personal medical history and family history. The inclusion criteria of subjects were- (i) subjects should be domicile of Eastern Uttar Pradesh, (ii) subjects should be belong to scheduled caste, (ii) subjects should be healthy, without any individual/ family history of genetic disorder and (iv) subjects should be unrelated and randomly selected from the Eastern UP population.



Genomic DNA was extracted according to the method of Bartlett and White (7) with slight modification. Genomic DNA was amplified for COMT Val108/158Met polymorphism analysis by polymerase chain reaction (PCR) by previously described method of Kahayan et al (8), using primer sequences F5'-CTGTGGCTACTCAGCTGTG-3' and R5'-CCTTTTTCCAGGTCTGACAA-3'. The amplified product was digested with NlaIII restriction enzyme (Genei, India) to identify the COMT allele. Amplification and restriction products were analyzed by electrophoresis in 2% and 4% agarose (Fermentas) gels, respectively.

Results

Figure 1 showed agarose gel, illustrating 168bp long amplified fragment of COMT gene. After NlaIII restriction digestion of amplicon, the wild Val/Val genotype produced three bands of 114,29 and 25 bp long fragments. The heterozygote Val/Met produced five bands of 114, 96, 29, 25 and 18bp long fragments. Mutant Met/ Met homozygote produced four fragments of 96, 29,25 and 18bp. Fragments of 29,25 and 18 bpsize were not visualized in 4% agarose gel. Hence, presence of single 114bp long band indicated homozygous wild genotype (Val/Val), presence of single 96bp long band indicated mutant homozygous genotype (Met/Met) and presence of both 114 and 96 bp long fragments indicated heterozygous genotype (Val/Met). Figure 2 shows an agarose gel illustrating different genotypes of the Val158Met polymorphism. Allele frequencies and genotype distributions observed in the present study are presented in Table 1. The prevalence of Val/Val, Val/Met, and Met/ Met genotypes determined in the target population were 48, 40 and 12 respectively (Figure 3). The genotype frequencies of Val/Val, Val/Met, and Met/Met were 0.48, 0.40, and 0.12, respectively. The frequencies of wild (Val) and mutant (Met) alleles were 0.68 and 0.32 respectively. This polymorphism was compatible with Hardy-Weinberg equilibrium ($x^2 = 0.65$; df=2; P=0.41).

The Val158Met polymorphism of the COMT gene is

Discussion







functional, easily detectable, and significantly related to metabolism of catecholamines, which underlie pathogenesis of a significant number of mental disorders.

Eastern UP population.

COMT Val158Met polymorphism was investigated in several populations and countries like-Australia (9), Brazil (10), Canada (11), China (12), France (13), Finland(11), Germany (14), Hungary (15), Iran (16), Japan (17), Mexico (18), Norway (19), Poland (20), Slovenia (21), Spain (22), Syria (23), Thailand (24), Turkey (25), UK (26),and USA (27).The frequency of the mutant Met allele vary greatly among the populations studied, frequency of Met allele is reported 0.56 in American (28),0.5 in European (29),0.27 in Chinese(30,31), 0.31 in Han Chinese (32),0.35 in Japanese (33),0.64 in European Hispanic (34),0.38 in American Hispanic(35),and 0.43 in Spanish (36) populations. Population frequency of this clinically important polymorphism is not well reported from Indian population, only few reports are available which are based on the case-control studies (37,38).Frequency of Val158Met polymorphism observed in the present study is well comparable with the frequency reported in earlier studies published from Indian and Asian populations.

This common and functional Val108/158Met COMT polymorphism has been investigated in relationship with many psychiatric disorders, like schizophrenia (30), bipolar disorder (32), unipolar disorder (33), attention-deficit hyperactivity disorder (39), anorexia nervosa (40),

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Tabl	e I. COMT	genoty	be and all	ele fre	quency	⁷ distribution	among	Eastern	Uttar	Pradesh	popu	lation.

		Allele			
	Val/Val	Val/Met	Met/Met	Val	Met
Number	48	40	12	136	64
Frequency	0.48	0.40	0.12	0.68	0.32

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autism (41), suicide (42), and drug abuse (43). In these studies, an association, and also a lack of association, between the COMT Val108/158Met polymorphism and the studied psychiatric diseases/ disorders were reported.

In conclusion, the finding of present study is that COMT Met allele frequency in healthy individuals of Eastern Uttar Pradesh is 32%. The results of our study on COMT Val158Met polymorphism in the SC population supplement the variability of this gene worldwide and can serve as a basis for further associative investigations on the role of COMT in susceptibility to different psychiatric disorders in the populations of different ethnic descent. Screening of populations for this clinically important gene polymorphism is also needed for proper counseling strategies.

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References

1. Tenhunen J, SalminenM., Lundstreom K, Kiviluoto T, Savolainen R, Ulmanen I. Genomic organization of the human catechol-Omethyltransferasegene and its expression from two distinct promoters. Eur JBiochem1994; 223:1049–1059.

2. Lachman HM, Papolos DF, Saito T, Yu YM, Szumlanski CL,Weinshilboum RM. Human catechol-O-methyltransferase pharmacogenetics:description of a functional polymorphism and its potential applicationto neuropsychiatric disorders. Pharmacogenetics1996; 6:243–250.

3. Lotta T, Vidgren J, Tilgmann C, Ulmanen I, Melen K, Julkunen I, Taskinen J. Kinetics of human soluble and membraneboundcatechol O-methyltransferase: a revised mechanism anddescription of the thermolabile variant of the enzyme. Biochemistry 1995;34:4202– 4210.

4. Spielman RS, Weinshilboum RM. Genetics of red cellCOMT activity: analysis of thermal stability and family data. AmJ Med Genet1981; 10:279–290.

5. Nobile M, Rusconi M, Bellina M, Marino C, Giorda R, Carlet O,Vanzin L, et al. COMT Val158Met polymorphism and socioeconomic status interact to predict attention deficit/hyperactivity problems in children aged 10–14. Eur Child Adolesc Psychiatry2010;19:549–557.

6. Yeh TK, Chang CY, Hu CY, Yeh TC, Lin MY. Association ofcatechol-O-methyltransferase (COMT) polymorphism and academicachievement in a Chinese cohort. Brain Cogn 2009; 71(3):300–305.

7. Bartlett JM, and White A. Extraction of DNA from blood. In: Methods in Molecular Biology. PCR Protocols. 2nd ed., Bartlett JM, Stirling D. (eds), Humana Press Inc.; 2003; 29-31.

8. Kayahan B, Kaymaz BT, Altintoprak AE, Aktan C, Veznedaroglu B, Kosova B. The lack of association between catechol-O-methyltransferase (COMT) Val108/158Met and brain-derived neurotrophic factor (BDNF) Val66Met polymorphisms and schizophrenia in a group of Turkish population. NP BR2013; 19(3):102-108.

9. Handoko HY, Nyholt DR, Hayward NK, Nertney DA, Hannah DE, Windus LC, et al., Separate and interacting effects within the catechol-O-methyltransferase (COMT) are associated with schizophrenia. MolPsychiatry2004; 10:589-597.

10. Valente NLM, Vallada H, Cordeiro Q, Bressan RA, Andreoli SB, Mari JJ, Mello MF. Catechol-O-methyltransferase (COMT) val158metPolymorphism as a Risk Factor for PTSD afterUrban Violence. JMolNeurosci 2011;43:516-523.

11. Onay UV, Aaltonen K, Briollais L, Knight JA, Pabalan N, Kilpivaara O, et al. Combined effect of CCND1 andCOMT polymorphisms and increased breast cancer risk. BMCCancer2008; 8:6.

12. Shrubsole MJ, LuW, Chen Z, Shu XO, Zheng Y, Dai Q, et al. Drinking green tea modestly reduces breast cancerrisk. J Nutr 2009; 139(2):310–316.

13. Delort L, Satih S, Kwiatkowski F, Bignon YJ, Bernard-Gallon DJ. Evaluation ofbreast cancer risk in a multigenic model including low penetrance genes involved in xenobiotic and estrogen metabolisms. NutrCancer 2010; 62(2):243–251.

14. Justenhoven C, Hamann U, Schubert F, Zapatka M, Pierl CB, Rabstein S,et al., Breast cancer: acandidate gene approach across the estrogen metabolic pathway. BreastCancer Res Treat 2008; 108(1):137–149.

15. Nemoda Z, Lyons-Ruth K, Szekely A, Bertha E, Faludi G, Sasvari-Szekely M. Association between dopaminergicpolymorphisms and borderline personality traitsamong at-risk young adults and psychiatricinpatients. BehavBrain Funct2010; 6:4.

16. Omrani MD, Bazargani S, Bagheri M, Yazdan-Nejad H. Association of catechol-o-methyl transferase gene polymorphismwith prostate cancer and benign prostatic hyperplasia. JRes Med Sci2009; 14:217–222.

17. Suzuki K, Nakazato H, Matsui H, Koike H, Kashiwagi B, Nishii M, et al. Genetic polymorphismsof estrogen receptor alpha, CYP19, Catechol-O-methyltransferaseare associated with familial prostatecarcinoma risk in a Japanese population. Cancer 2003;98:1411–1416.

18. Moreno-Galvan M, Herrera-Gonzalez NE, Robles-Perez V, Velasco-RodriguezJC, Tapia-Conyer R, Sarti E. Impact of CYP1A1 and COMT genotypes onbreast cancer risk in Mexican women: a pilot study. Int J Bio Markers 2010; 25(3):157–163.

19. Hagen K,Pettersen E, Stovner LJ, Skorpen F, Zwart JA. The association between headache and Val158Met polymorphism in the catechol-O-methyltransferase gene:the HUNT Study. J Headache Pain 2006; 7:70–74.

20. Samochowiec J, Kucharska-Mazur J, Grzywacz A, Jabłonski M, Rommelspacher H, Samochowiec A, et al. Family-based and case-control study of DRD2, DAT, 5HTT,COMT genes polymorphisms in alcohol dependence. NeurosciLett2006; 410:1–5.

21. Cerne JZ, Pohar-Perme M, Novakovic S, Frkovic-Grazio S, Stegel V, Gersak K. Combined effect of CYP1B1, COMT, GSTP1, and MnSOD genotypes andrisk of postmenopausal breast cancer. J GynecolOncol 2011; 22(2):110–119.

22. Pelayo-Teran JM, Crespo-Facorro B, Carrasco-Marın E, Perez-Iglesias R, Mata I, Arranz, MJ, et al.Catechol-O-Methyltransferase Val158MetPolymorphism and Clinical Characteristics inFirst Episode Non-Affective Psychosis. Am J Med Genet Part B 2008; 147B:550–556.

23. Lajin B, Hamzeh AR, Ghabreau L, Mohamed A, Al Moustafa AE, Alachkar A.Catechol-O-methyltransferase Val 108/158 Met polymorphism andbreast cancer risk: a case control study in Syria. Breast Cancer 2013; 20(1):62-66.

24. Suriyaprom K, Tungtrongchitr R, Harnroongroj T. Impact of COMT Val 108/158 Met and DRD2 Taq1B Gene Polymorphisms on Vulnerability to Cigarette Smoking of Thai Males. J MolNeurosci2013; 49:544–549.

25. Tander B, Gunes S, Boke O,Alayli G, Kara N, Bagci H, et al. Polymorphisms of the serotonin-2A receptor and catechol-O-methyltransferasegenes: a study on fibromyalgia susceptibility. RheumatolInt 2008; 28:685–691.

26. Pharoah PD, Tyrer J, Dunning AM, Easton DF, Ponder BA. Associationbetween common variation in 120 candidate genes and breast cancerrisk. PLoS Genet 2007; 3(3):e42.

27. Peterson NB, Trentham-Dietz A, Garcia-Closas M, Newcomb PA, Titus-Ernstoff L, Huang Y et al. Association of COMThaplotypes and breast cancer risk in Caucasian women. AnticancerRes 2010; 30(1):217–220.

28. Vandenbergh DJ, Rodriguez LA, Miller IT, Uhl GR, LachmanHM. High-activity catechol-O-methyltransferase alleleis more prevalent in polysubstance abusers. Am J MedGenet 1997; 74:439– 442.

29. Kunugi H, Vallada HP, Hoda F, Kirov G, Gill M, AitchisonKJ, et al. No evidence for an association of affective disorders with high- or low-activity allele of catechol-O-methyltransferase gene. Biol Psychiatry 1997; 42:282–285.

30. Chen CH, Lee YR, Wei FC, Koong FJ, Hwu HG, Hsiao KJ. Association study of NlaIII and MspI genetic polymorphismsof catechol-O-methyltransferase gene and susceptibilityto schizophrenia. Biol Psychiatry 1997; 41: 985–987.

31. Xie T, Ho SL, Li LSW, MaOC. G/A1947 polymorphismin catechol-O-methyltransferase (COMT) gene in Parkinson'sdisease. MovDisord1997; 12:426–427.

32. Li T, Vallada H, Curtis D, Arranz M, Xu K, Cai G et al.Catechol-O-methyltransferase Val158Met polymorphism:Frequency analysis in Han Chinese subjects and allelicassociation of the low activity allele with bipolar affectivedisorder. Pharmacogenetics1997; 7:349 –353.

33. Ohara K, Nagai M, Suzuki Y, Ohara K. Low activityallele of catechol-O-methyltransferase gene and Japaneseunipolar depression. Neuroreport 1998; 9:1305–1308.

34. Lachman HM, Morrow B, Shprintzen R, Veit S, Parsia SS, Faedda G, et al. Association of codon 108/158catechol-O-methyltransferase gene polymorphism with thepsychiatric manifestations of velo-cardio-facial syndrome. Am J Med Genet 1996;67:468–472.

35. Lachman HM, Nolan K, Mohr P, Saito T, Volavka J. Associationbetween catechol O-methyltransferase genotype and violencein schizophrenia and schizoaffective disorder. AmJ Psychiatry 1998; 155: 835-7.

36. Gutierrez B, Bertranpetit J,Guillamat R, Valles V, Arranz MJ,Kerwin R, et al. Association analysis of the catecholO-methyltransferase gene and bipolar affective disorder. Am JPsychiatry1997;154:113–115.

37. Syamala VS, Syamala V, Sheeja VR, Kuttan R, Balakrishnan R, Ankathil R.Possible risk modification by polymorphisms of estrogen metabolizinggenes in familial breast cancer susceptibility in an Indian population.Cancer Invest 2010; 28(3):304–311.

38. Yadav S, Singhal NK, Singh V, Rastogi N, Srivastava PK, Singh MP.Association of single nucleotide polymorphisms in CYP1B1 and COMTgenes with breast cancer susceptibility in Indian women. Dis Markers 2009; 27(5):203–210.

39. Retz W, Reosler M, Kissling C, Wiemann S, Hunnerkopf R, Coogan A, et al. Norepinephrine transporter and catecholamine-O-methyltransferase gene variants and attention-deficit/hyperactivity disorder symptoms in adults. J NeuralTransm 2008; 115:323–329.

40. Gabrovsek M, Brecelj-Anderluh M, Bellodi L, Cellini E, Di Bella D,Estivill X, et al., Combined family trio and case-control analysis of theCOMT Val158Met polymorphism in European patients with anorexia nervosa. Am J Med Genet (Part B) 2004; 124B:68-72. 41. Gadow KD, Roohi J, DeVincent CJ, Kirsch S, Hatchwell E. Association of COMT (Val158Met) and BDNF (Val66Met) GenePolymorphisms with Anxiety, ADHD and Tics in Childrenwith Autism Spectrum Disorder. J Autism DevDisord 2009; 39:1542–1551.

42. Kia-Keating BM, Stephen J,Glatt SJ, Tsuang MT. Meta-Analyses Suggest Association Between COMT,but Not HTR1B, Alleles, and Suicidal Behavior. Am J Med Gen Part B 2007; 144B:1048– 1053.

43. Vinkers CH, Van Gastel WA,Schubart CD, VanEijk KR,Luykx JJ, Van Winke IR, et al. The effect of childhood maltreatment and cannabis use on adultpsychotic symptoms is modified by the COMT Val158Met polymorphism. Schizophr Res2013; 150:303–311.